

Long-Term Care Card Services

Division of Health Care Financing - Division of Disability & Elder Services
Medicaid Services to the Disabled - February 23, 2005



Home Health Services

- Most Home Health Services are federally mandated services, including skilled nursing care and nurse aide visits.
- Licensed home health agencies (HHAs) provide part-time skilled nursing and nurse aide visits in the home.
- HHAs must meet Medicare conditions of participation and are regulated by the Bureau of Quality Assurance (BQA).
- Service requirements:
 - Physician Orders
 - Prior authorization for more than 30 visits per year
 - Provided only in the home
- Many MA certified HHAs have reduced the number of MA recipients they serve over the past several years.



Private Duty Nursing

- Federally optional service.
- Provided to those need 8 or more hours of daily nursing care.
- Can be provided up to 24 hours per day.
- Some authorized hours may be used outside the home.
- Nurses in independent practice provide most of the care (optional provider type)
- Home health agencies are discontinuing this service.
- Service requirements:
 - Physician orders
 - Prior authorization is required.
- Wisconsin certification requirements:
 - Performed by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)

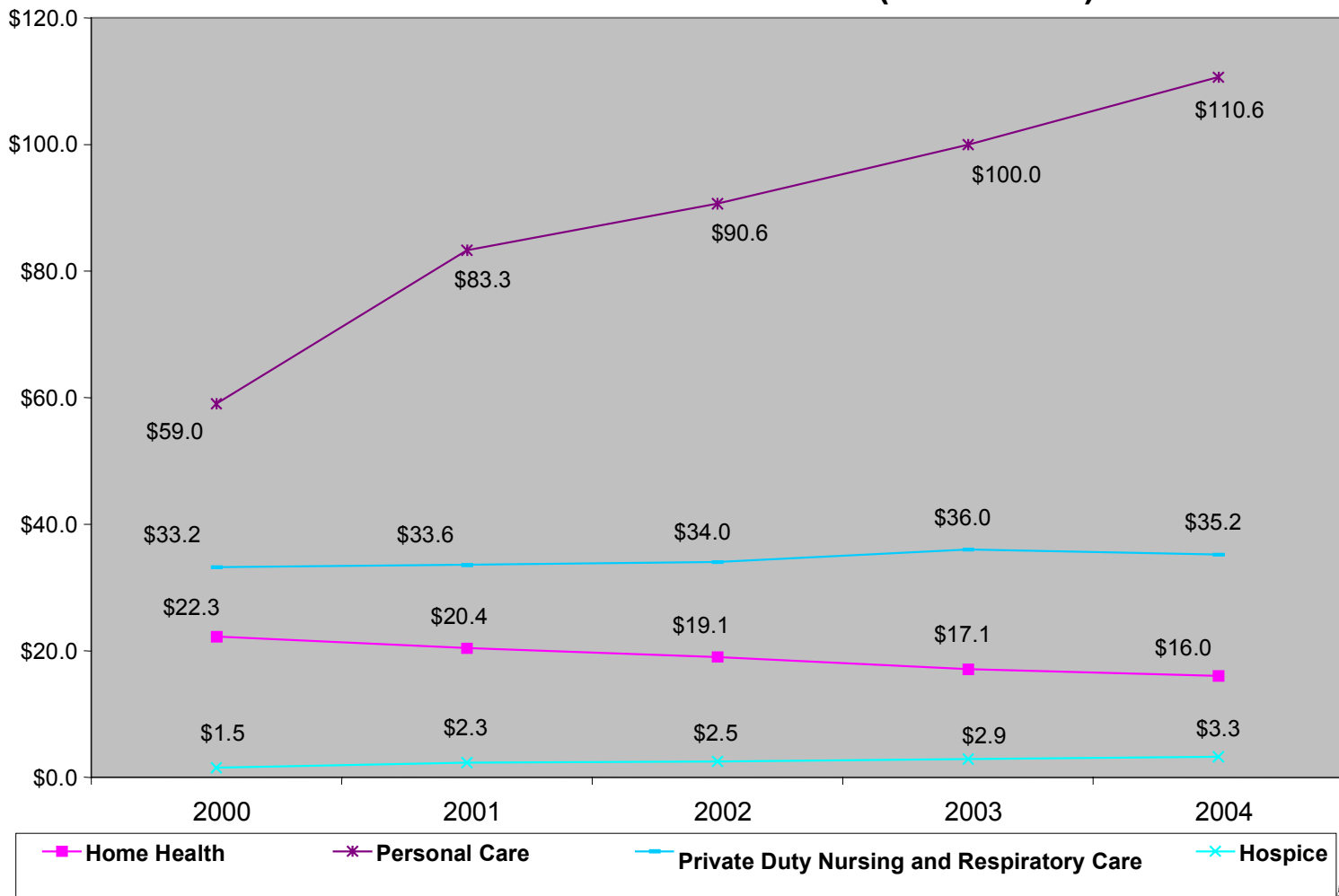


Personal Care

- Federally optional benefit.
- Non-medical services to assist persons at home including:
 - Activities of daily living such as feeding, bathing, grooming, dressing and transferring
 - Tasks incidental to activities of daily living such as meal preparation, food purchasing and light housekeeping
 - Nursing care under a physician's order that can be safely designated to the worker by an RN.
- Authorized providers:
 - Counties and independent agencies under contract with counties
 - Independent living centers
 - Home health agencies
- Service requirements:
 - Physician orders
 - Prior authorization for more than 50 hours per year.



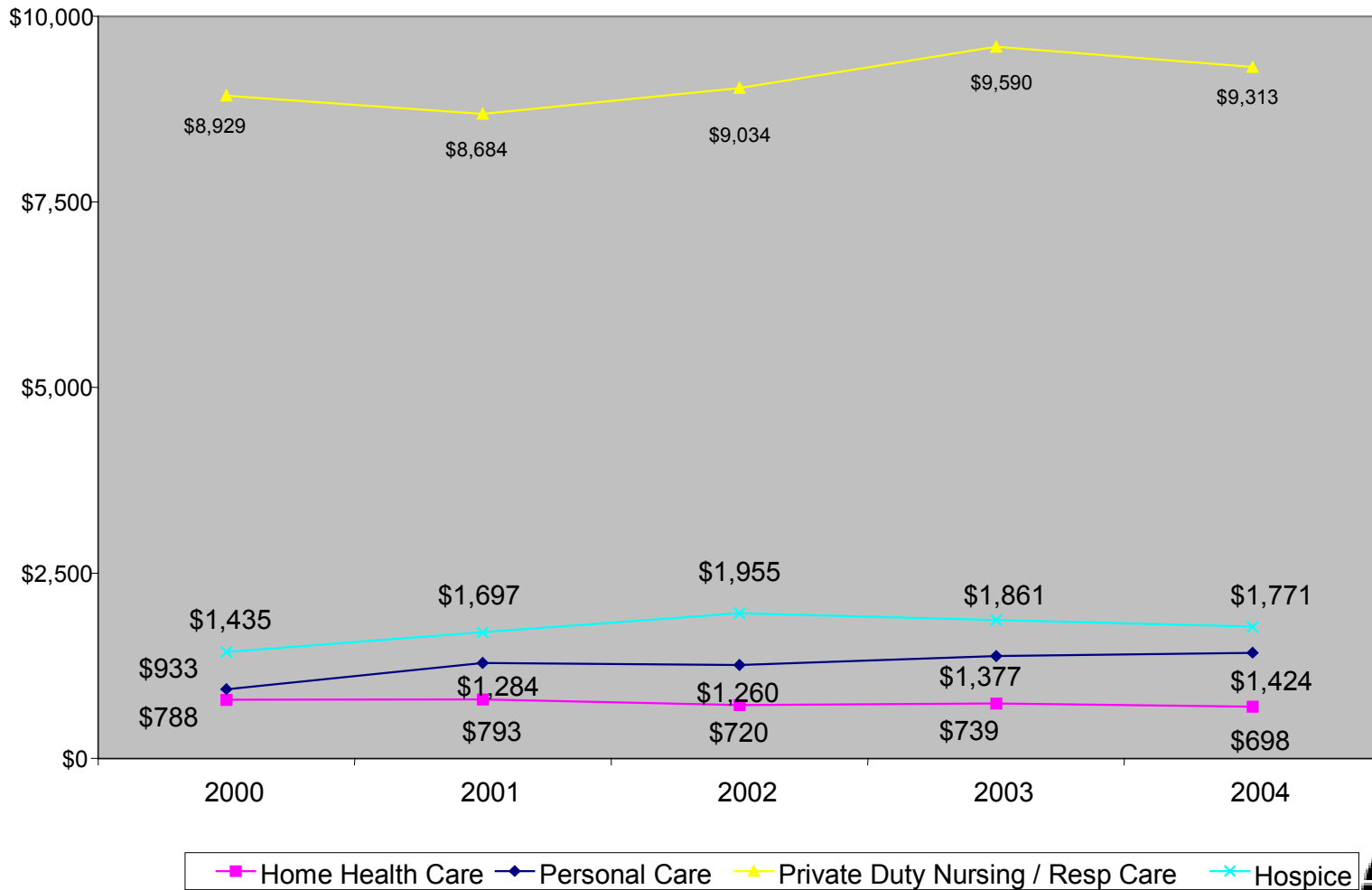
Annual Fee-for-Service Home Care Expenditures for Eligibles with Disabilities - SFY 2000 - 2004 (in millions)



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Monthly Home Care Expenditures per User for Eligibles with Disabilities - SFY 2000 - 2004



Based on average monthly expenditure per average monthly user of service during the state fiscal year.

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Therapy

- Federally optional benefit.
- MA covers Occupational Therapy (OT), Physical Therapy (PT) and Speech-Language Pathology (SLP).
- Prior Authorization (PA) requirements:
 - Independent providers require PA for over 30 visits.
 - Rehabilitation agencies require PA for over 30 visits.
 - Hospitals are not required to receive PA.
- Reimbursement:
 - Rehabilitation agencies have a wide rate disparity for OT/PT.
 - Hospitals are reimbursed at their individual outpatient daily rates.
- Recently implemented volume purchase contract for hearing aids.



Annual Therapy Expenditures for Eligibles with Disabilities SFY 2000 - 2004 (in millions)



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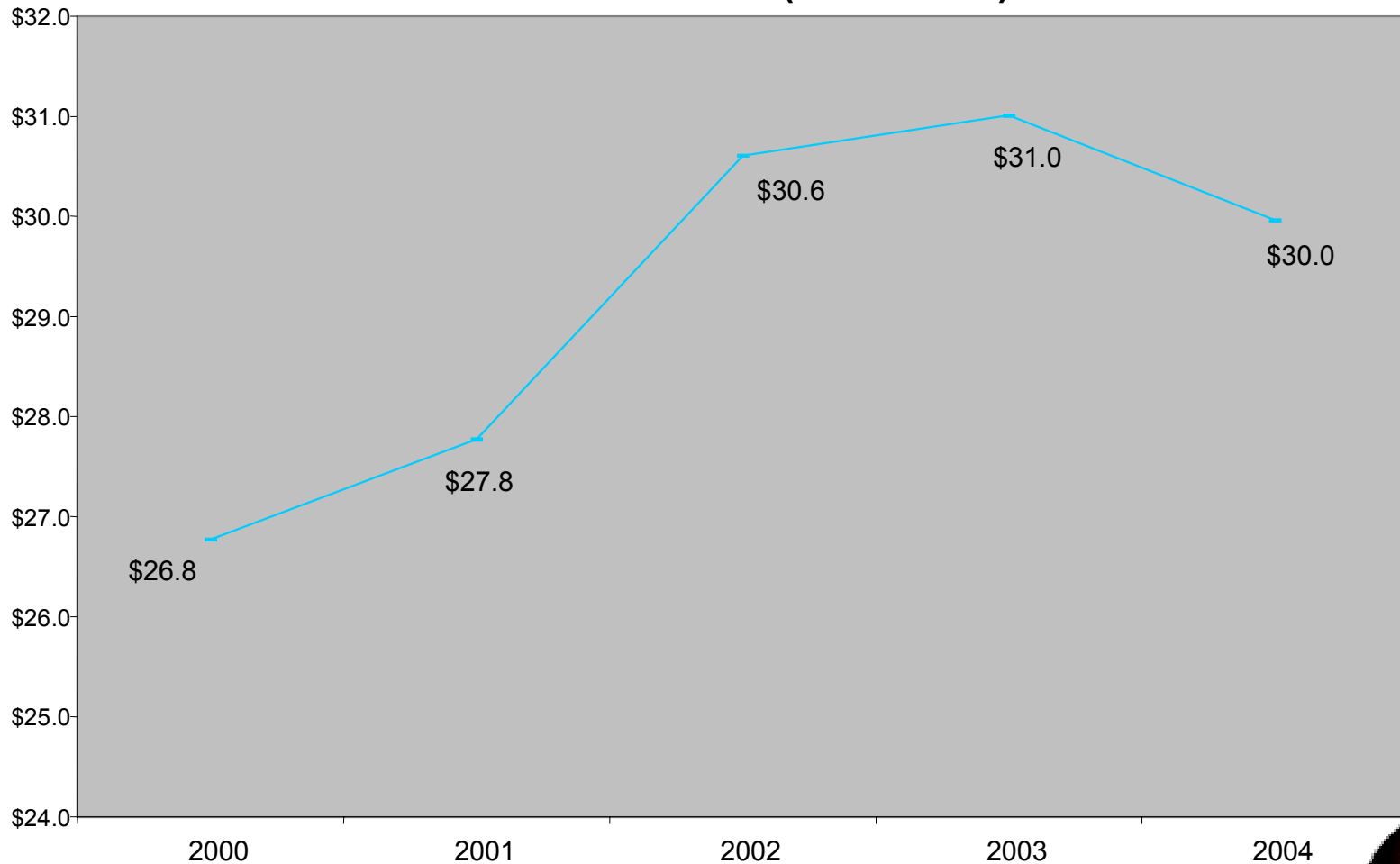


Medical Equipment and Supplies

- Durable medical equipment (DME) can withstand repeated use, such as a wheelchair.
- Disposable medical supplies (DMS) are consumable or expendable, such as diabetic supplies.
- DME and DMS are dispensed by:
 - Home medical supply vendors
 - Pharmacies
 - Orthotists and prosthetists.
- Service requirements:
 - Always require a doctor's prescription
 - DME frequently requires prior authorization
 - Must be medically necessary.



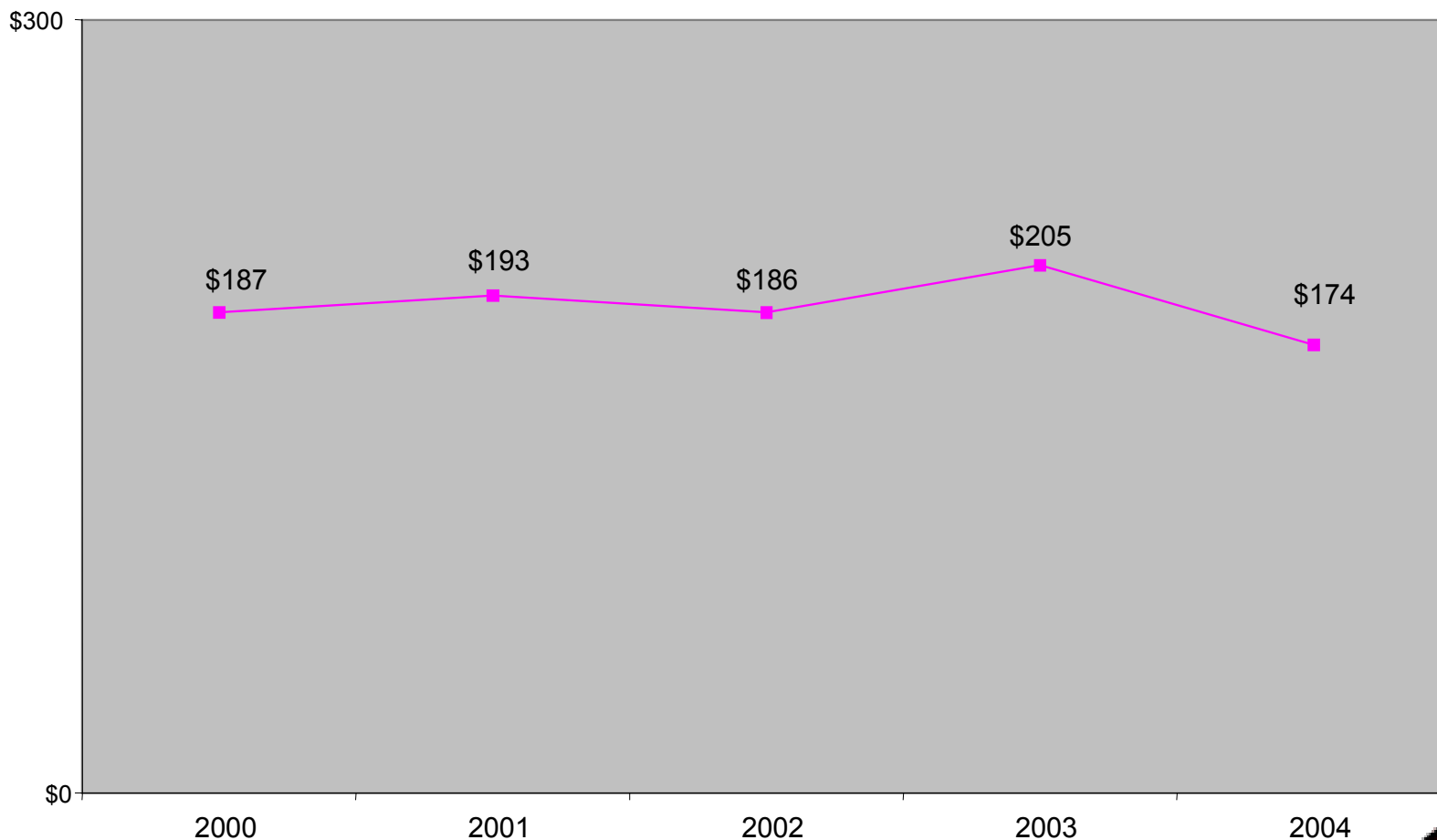
Annual DME/DMS Expenditures for Eligibles with Disabilities SFY 2000 - 2004 (in millions)



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Monthly DME/DMS Expenditures per User for Eligibles with Disabilities SFY 2000 - 2004



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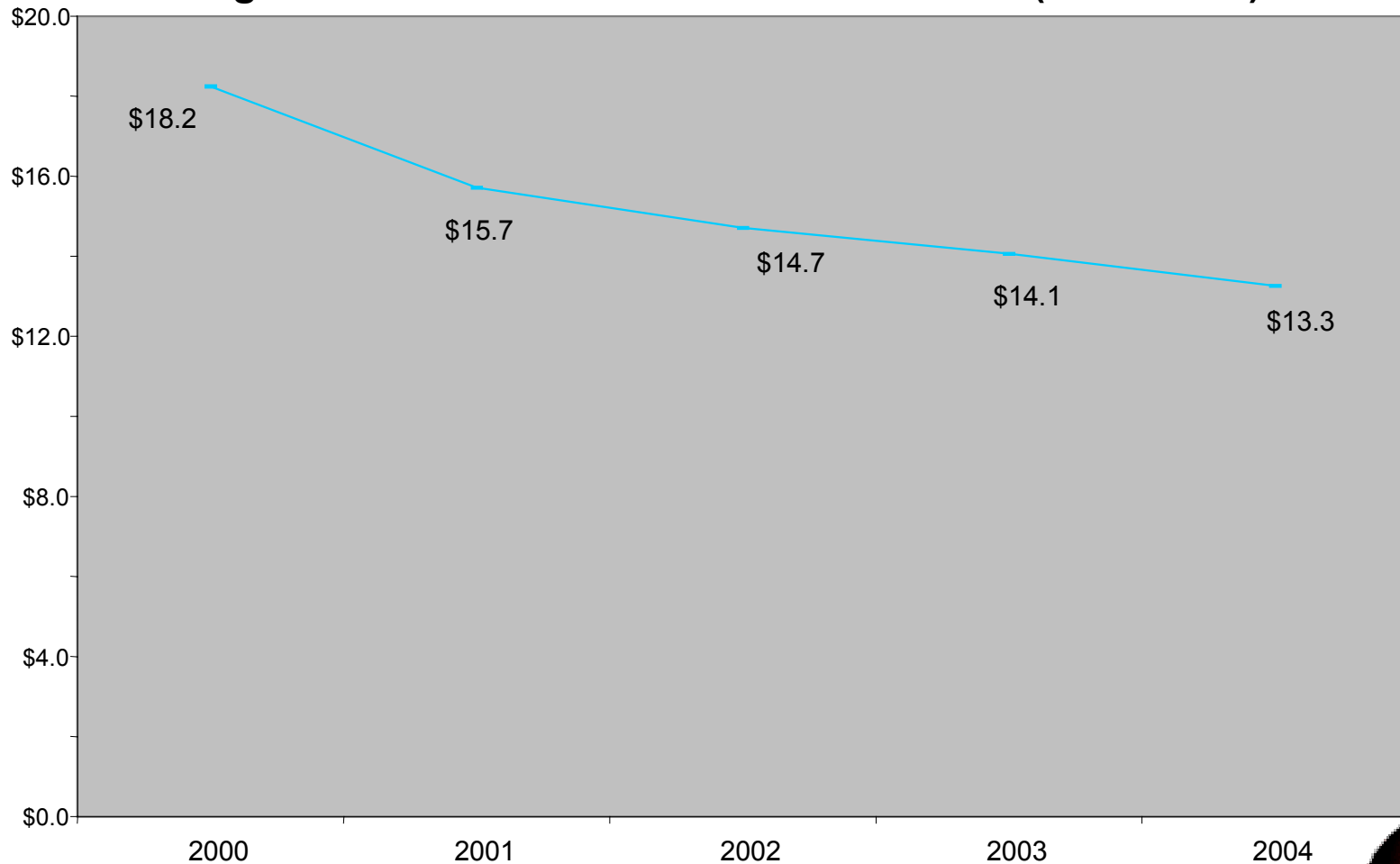


Non-Emergency Transportation

- Federally mandated benefit.
- Transportation by specialized medical vehicle (SMV) equipped with a wheelchair ramp or lift.
- Authorized service providers are:
 - Any transportation provider that meets the certification requirement
 - Vehicles must be properly inspected by the DOT and adequately insured.
- Service requirements:
 - Need for service must be prescribed by a health care provider such as a doctor or nurse practitioner.
 - Eligible if unable to safely travel by regular transportation.
 - Prior authorization may be required for longer trips.



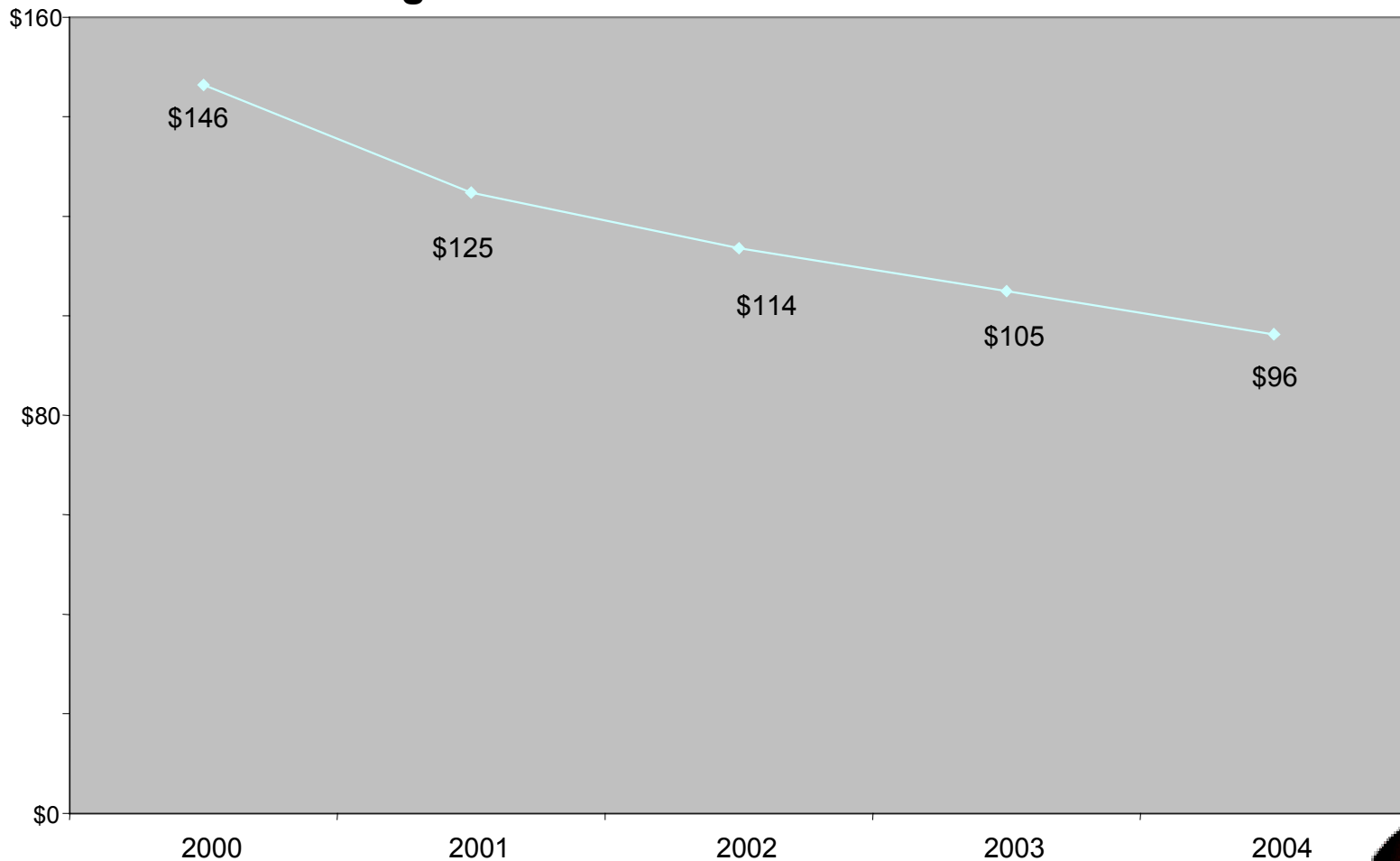
Annual Non-Emergency Transportation Expenditures for Eligibles with Disabilities - SFY 2000 - 2004 (in millions)



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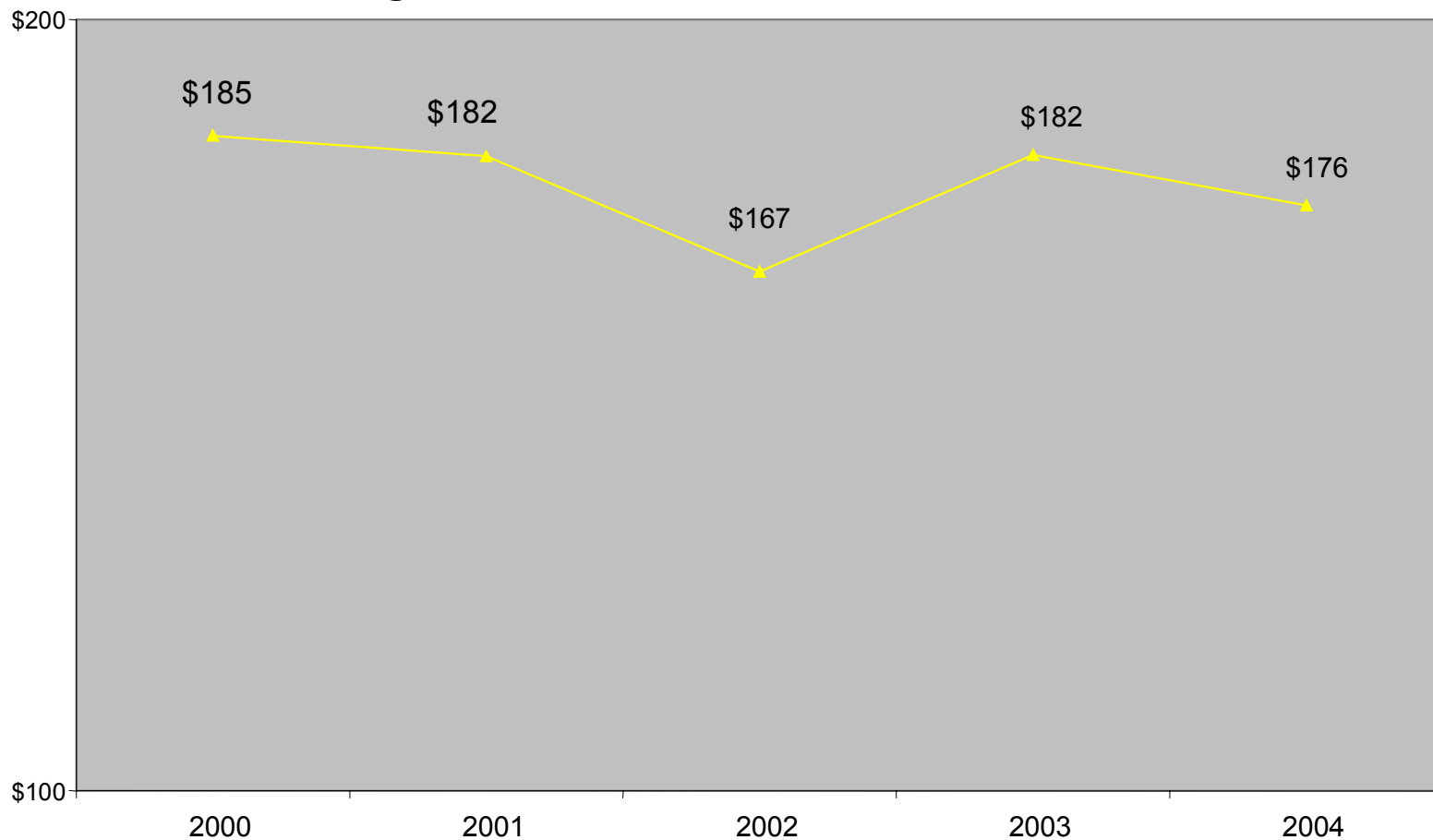
Annual Non-Emergency Transportation Expenditures Per Eligible with Disabilities - SFY 2000 - 2004



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Monthly Non-Emergency Transportation Expenditures per User for Eligibles with Disabilities - SFY 2000 - 2004



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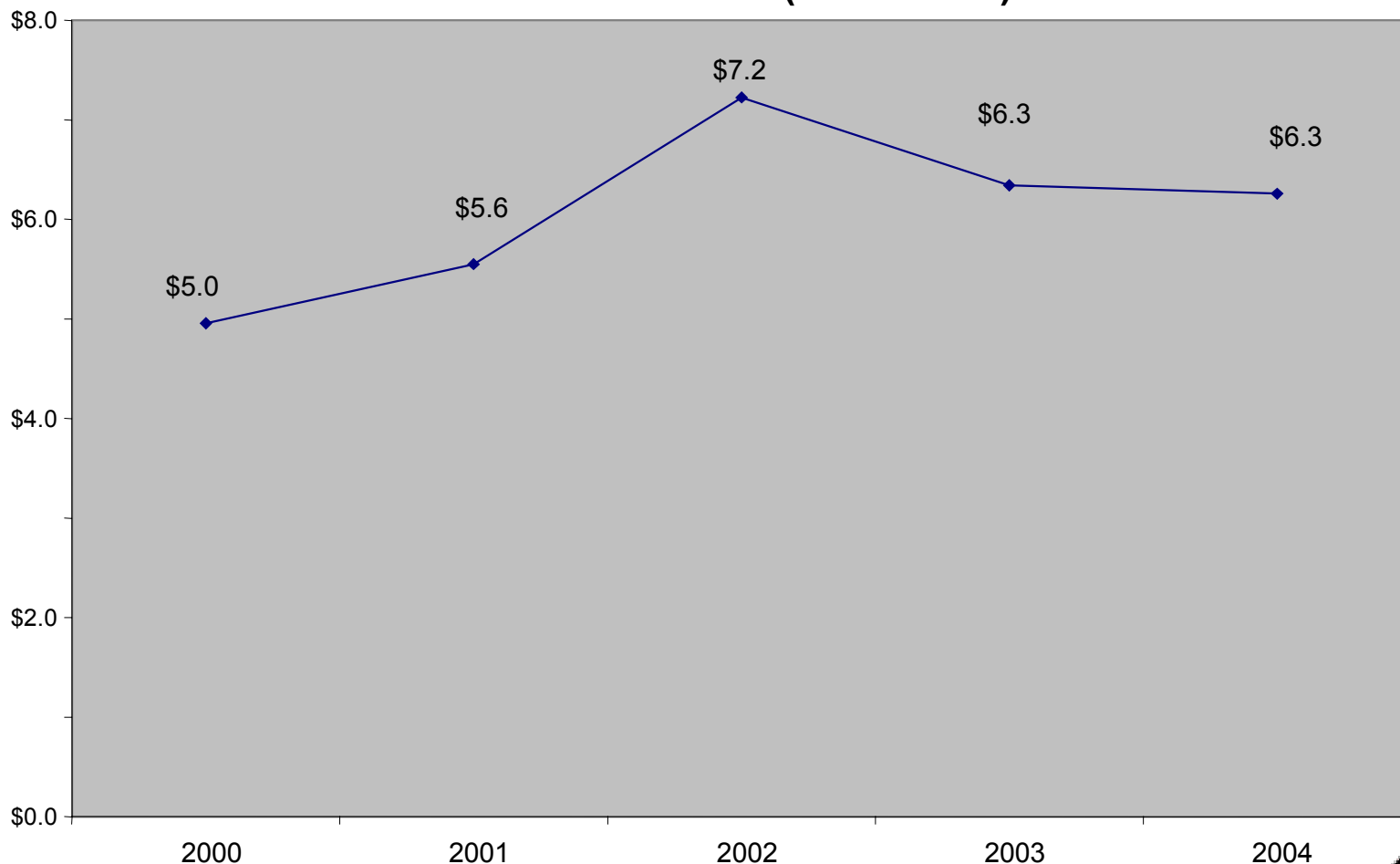


Targeted Case Management

- Federally optional benefit.
- Assists individuals access health care and community-based services.
- Authorized service providers are:
 - Public entities, such as counties, tribes and municipalities, and private agencies under contract to public entities
 - Independent living centers
 - AIDS service organizations.
- Service requirements:
 - Coordination of services only through face-to-face contact
 - Individual must be in the community or within 30 days of discharge from an institution.
- Counties pay the non-federal share of these expenditures, currently about 40%. In SFY 2004, this was \$4 million.
- This benefit is currently under attack by CMS.



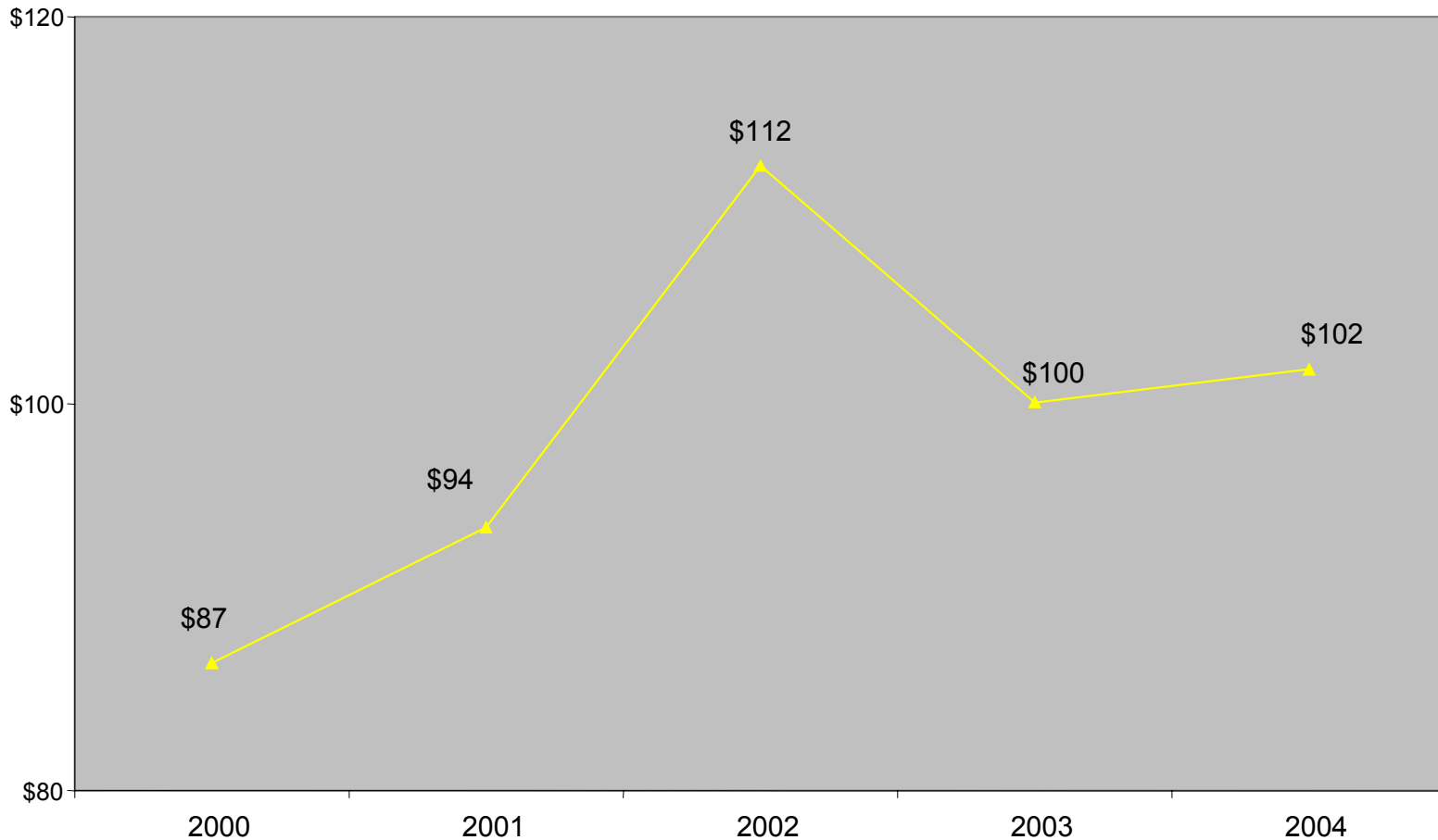
Annual Case Management Expenditures for Eligibles with Disabilities SFY 2000 - 2004 (in millions)



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Monthly Targeted Case Management Expenditures per User for Eligibles with Disabilities (FED only) - SFY 2000 - 2004



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General Mental Health/Substance Abuse Services

- State-matched mental health services
 - Inpatient hospitalization
 - Day treatment
 - Outpatient mental health services
- County-matched mental health services
 - Crisis intervention/stabilization services
 - Community Support Program (CSP)
 - Comprehensive Community Services (CCS)

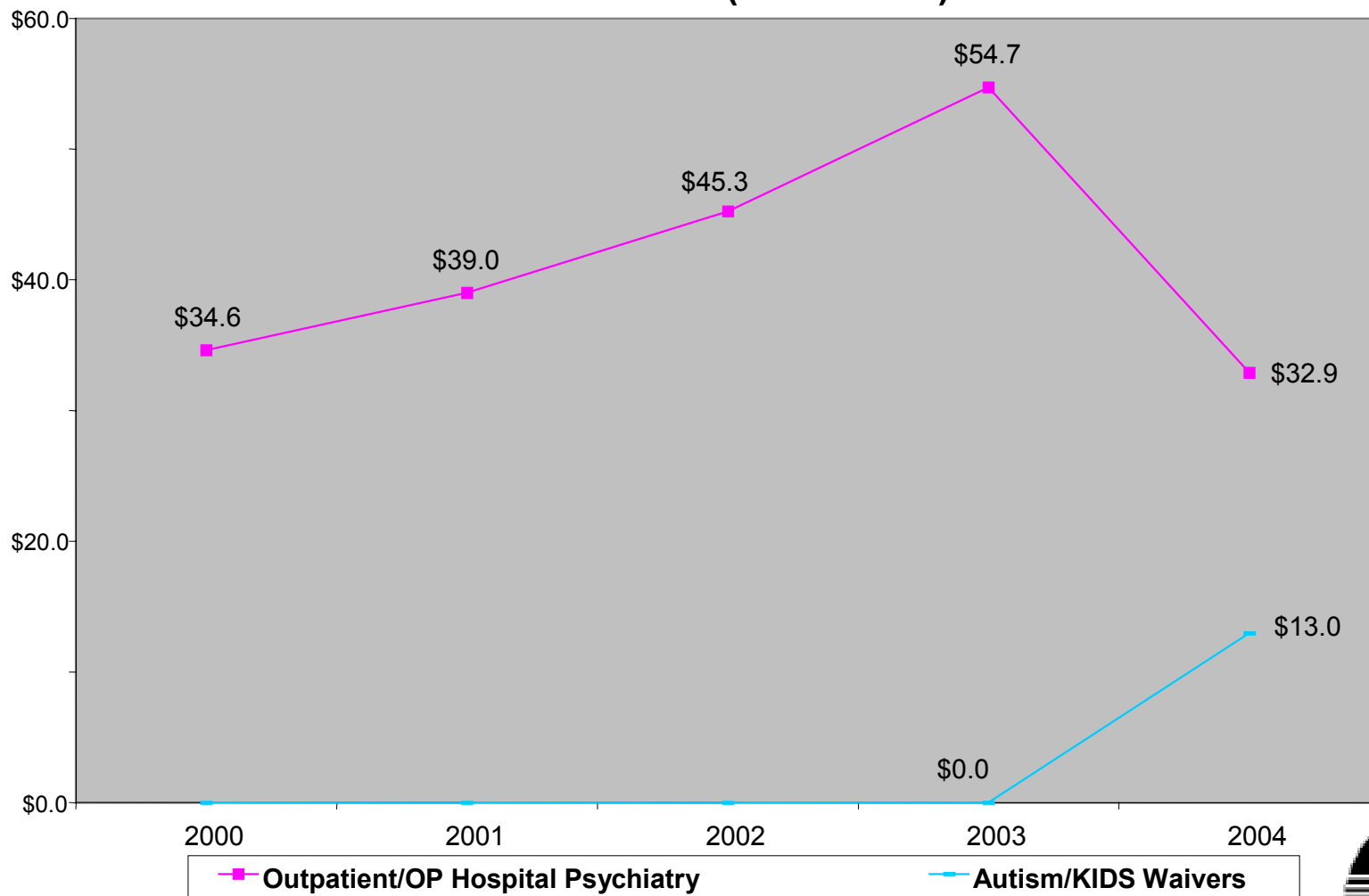


General Mental Health/Substance Abuse Services

- Services include:
 - Outpatient services including psychotherapy and evaluation
 - Pharmacologic management
 - Day treatment
- Access problems occur for persons in need and most of Wisconsin is federally-declared psychiatric shortage area.
- Counties incur some of the costs for these services since there are providers unwilling to accept Medicaid.



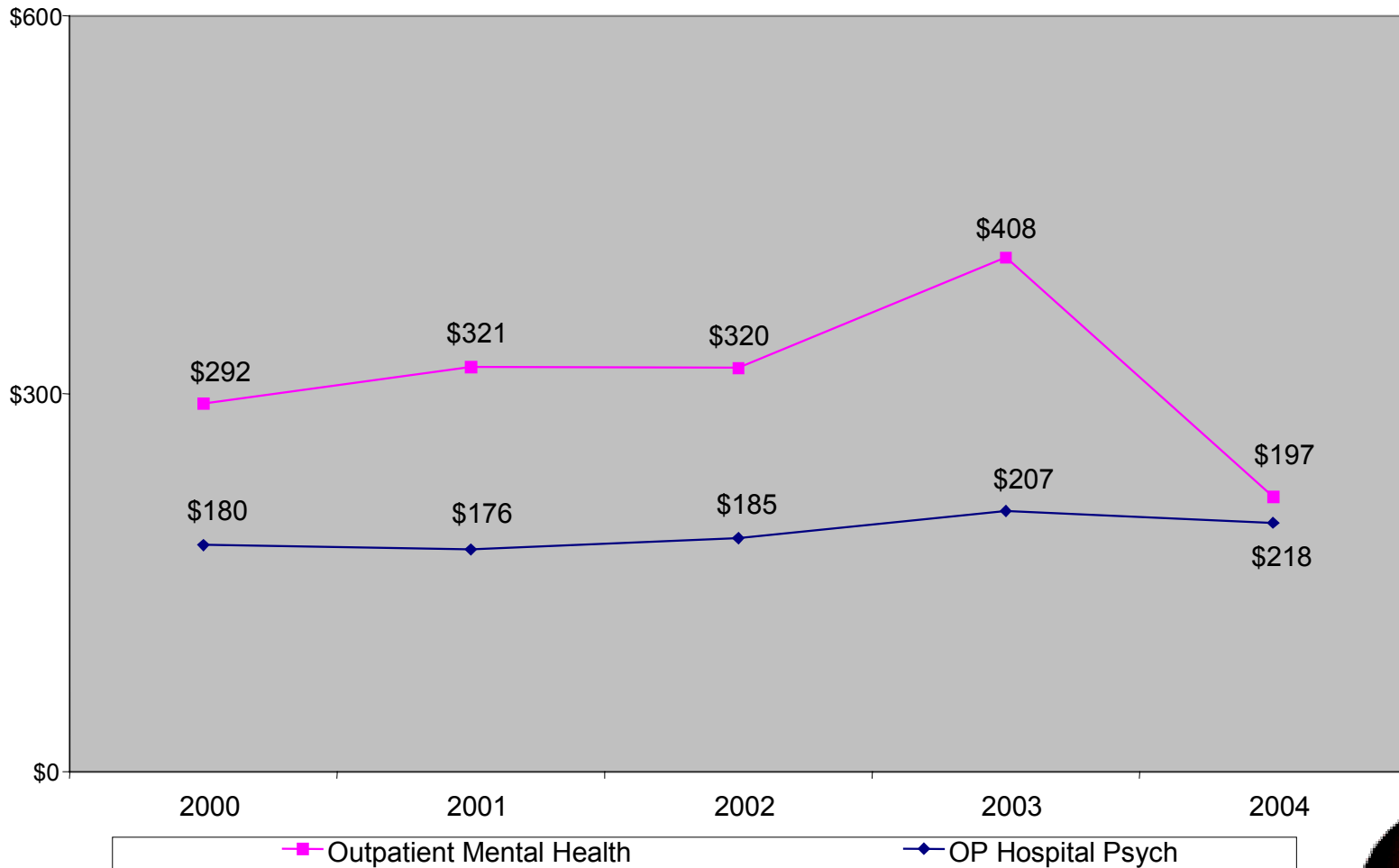
Annual Mental Health Expenditures for Eligibles with Disabilities SFY 2000 - 2004 (in millions)



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Monthly State-Matched Mental Health Expenditures per User for Eligibles with Disabilities - SFY 2000 - 2004



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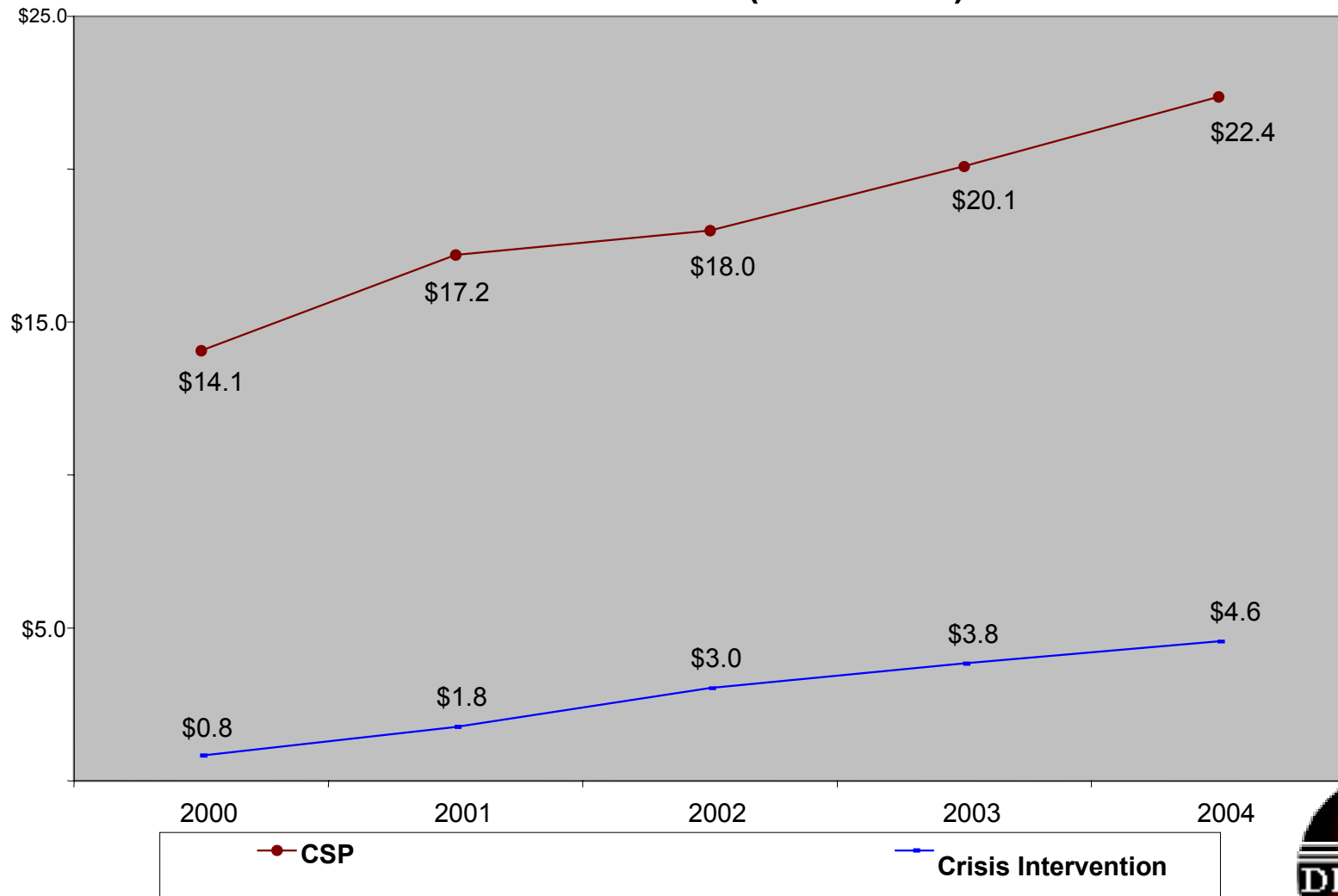


Evidence-Based Community Services

- Services include:
 - Community Support Programs (CSP) modeled after Program for Assertive Community Treatment (PACT), which is Wisconsin's nationally recognized model.
 - Crisis Intervention
 - Comprehensive Community Services (CCS)
- Counties pay the non-federal share of these expenditures, which is about 40%. In SFY 2004, this was \$18 million.



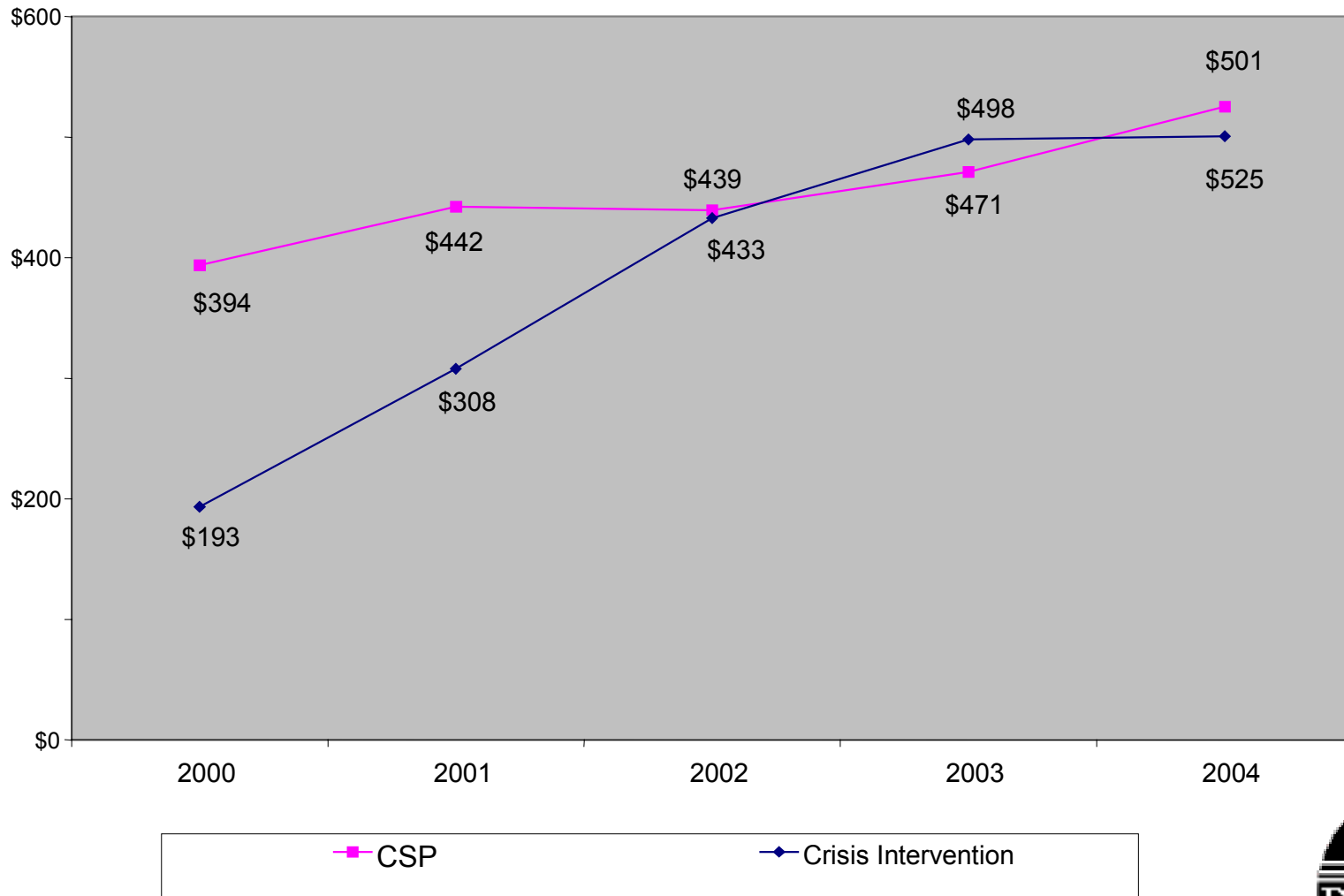
Annual Mental Health Expenditures for Eligibles with Disabilities SFY 2000 - 2004 (in millions)



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Monthly County-Matched Mental Health Expenditures per User for Eligibles with Disabilities (FED only) - SFY 2000 - 2004



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Inpatient Mental Health Services

- Medicaid does not cover inpatient psychiatric services in Institutions for Mental Disease (IMD) for individuals aged 22-64.
- Counties pay 100% for this care for residents.
- In 2003, counties reported that they spent approximately \$87 million for inpatient, IMD and institutional care.



Mental Health Managed Care Programs for Children

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Children's Mental Health Managed Care Programs

- Two risk-based programs in Wisconsin:
 - Wraparound Milwaukee in Milwaukee County
 - Children Come First (CCF) in Dane County
- Key elements of both programs:
 - Designed to reduce institutional care, such as residential treatment, inpatient psychiatric hospitalization or juvenile facility incarceration.
 - Programs focus on wraparound approaches to treatment that are strength-based and individualized.



Wraparound Milwaukee

- The target population are children in Milwaukee County with serious emotional or mental health needs who are at risk of placement in a residential treatment facility, juvenile correctional facility or psychiatric hospital.
- Children are referred to the program by child welfare programs or the juvenile justice systems.
- Served 1,111 children in 2004, at a cost of \$10.6 million.
- MA monthly capitation rate was \$1,557 per member in 2004.



Wraparound Milwaukee

- President's New Freedom Commission on Mental Health identified Wraparound Milwaukee as a national model in caring for children with mental health needs.
- In 2003, the overall functioning of enrolled children in eight life domains improved 30%.
- Enrolled children improved school attendance by 22% after one year.



Children Come First - Dane County

- The target population are children or adolescents with several emotional disturbances who are at imminent risk of admission to a psychiatric hospital, child caring institution or juvenile correctional facility.
- In 2004, the program served 324 children at a cost of \$2.5 million.
- MA monthly capitation rate was \$1,706 per member in 2004.
- In 2003, on average, the children enrolled in Children Come First for one year:
 - Showed a 23% improvement in family and community functioning
 - Showed a 14% improvement in living situation

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